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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission	Application Number 10/607,929
	Filing Date June 27, 2003
	First Named Inventor Sriver, Joe
	Art Unit 2173
	Examiner Name Unassigned
	Attorney Docket Number 025.0334.US.UTL

### ENCLOSURES *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Request to Withdraw as Attorney or Agent Postcard</b>
<b>Remarks</b>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Patrick, J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	February 23, 2005	Reg. No.	40297

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Larissa V. Pigott	Date	February 23, 2005

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**REQUEST FOR WITHDRAWAL  
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Application Number	10/607,929
Filing Date	June 27, 2003
First Named Inventor	Sriver, Joe
Art Unit	2173
Examiner Name	Unassigned
Attorney Docket Number	025.0334.US.UTL

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 22895

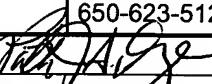
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The reasons for this request are: Pursuant to 37 CFR 10.40(b)(4), practitioner has been discharged by the client. Practitioner has taken reasonable steps to avoid foreseeable prejudice to the rights of the client, including giving due notice to the client, allowing time for employment of another practitioner, delivering to the client all papers and property to which the client is entitled, and complying with applicable laws and rules.

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Country					
Telephone		650-623-5123		Fax	
Signature					
Name	Patrick J.S. Inouye			Registration No.	40,297
Date	February 23, 2005			Telephone No.	206-381-3900

*NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

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